



September 15, 2021

Web Announcement 2581

Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse) and 77 (Physician's Assistant):

Updates to Procedure Codes 50382, 50384, 61615, Q4020 and 87493

Effective on claims with dates of service on or after September 13, 2021, changes were made in the Medicaid Management Information System to the following procedure codes. The impacted provider types are indicated.

Procedure Code(s) and Change	Impacted Provider Types (PT)
50382 (Removal and replacement of internally dwelling ureteral stent via percutaneous approach), 50384 (Removal of internally dwelling ureteral stent via percutaneous approach) and 61615 (Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa) - opened for billing	PT 20 (Physician, M.D., Osteopath, D.O.) PT 24 (Advanced Practice Registered Nurse) PT 77 (Physician's Assistant)
Q4020 (Cast supplies, long arm splint, pediatric (0-10 years), fiberglass) - opened for billing	PT 24 PT 77
Q4020 – rate updated	PT 20
87493 (Clostridium difficile, toxin gene(s), amplified probe technique) – end dated effective September 12, 2021 – cannot be billed	PT 20 PT 24 PT 77